

FILED OCT 21 1957

318

1003

STATE FILE NUMBER

37689
9513

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess		Length of stay in lb 2 weeks		STREET ADDRESS 6204 Winona		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Arthur Koestler King				4. DATE OF DEATH Month 10 Day 9 Year 1957			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-14-1895	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 5 Days 14		IF UNDER 24 HRS. Hours 14 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker				10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and state or country) Saint Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Thomas W King				14. MOTHER'S MAIDEN NAME Lillie Bauer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW # 1		17. INFORMANT Alma M King 6204 Winona St Louis 9, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema Arteriosclerotic heart disease DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Diabetes mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes mellitus 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							INTERVAL BETWEEN ONSET AND DEATH 2 weeks 15 years
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 5:45 PM a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St Louis, Missouri	
21. I attended the deceased from Death occurred at 5:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.				22. ADDRESS 3915 Watson Rd.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 10-12-1957		23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	
23d. LOCATION (City, town, or county) St Louis, Missouri				23e. DATE REGD. BY LOCAL REG. OCT 11 '57		23f. REGISTRAR'S SIGNATURE J. Carl Smith MO	
24. FUNERAL DIRECTOR Hornmeister Colonial Mortuary 6464 Chippewa Street St. Louis 9, Mo				25. DATE REGD. BY LOCAL REG. OCT 11 '57			

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 387

P. O. Address 7814 S. B.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.